

EXHIBIT 1

Tennessee Secretary of State
Tre Hargett



Elections Division
312 Rosa L. Parks Avenue, 7th Floor
Nashville, Tennessee 37243-1102

Mark Goins
Coordinator of Elections

615-741-7956
Mark.Goins@tn.gov

Thursday, January 31, 2019

Mr. Mark Ward
Benton County Election Commission
113 Maple Avenue
Suite 1
Camden, TN 38320-2044

Dear Mr. Ward:

Our office has verified that the below individual has the following felony conviction(s):

Name

[REDACTED]

Date of Conviction

11/06/74

Conviction

Robberty (Assault Unarmed)

Because the above conviction(s) occurred between January 15, 1973 and May 17, 1981, the above individual did not lose his or her right to vote. Therefore, this individual is eligible to register to vote. Please be advised that if the above individual has additional felony convictions not listed or is convicted of a felony offense after the date of this letter, he or she will be purged from the county's voter registration rolls and will no longer be eligible to vote in Tennessee pursuant to Tenn. Code Ann. § 40-20-112.

Please contact me if I may provide any additional information.

Sincerely,

Mark K. Goins

Mark K. Goins
Coordinator of Elections

MKG:asc



State of Tennessee
312 Rosa L. Parks Avenue, 9th Floor
Nashville, Tennessee 37243
615-741-7956

**CERTIFICATE OF RESTORATION
OF VOTING RIGHTS**
for Persons Convicted of a Felony After May 18, 1981

TO BE COMPLETED BY AN AGENT OF THE PARDONING AUTHORITY, AN AGENT OR OFFICER OF THE INCARCERATING AUTHORITY, OR A PROBATION/PAROLE OFFICER OR AGENT OF THE SUPERVISING AUTHORITY.

1. I hereby certify that the following information is true and correct:

a. Applicant's Name: _____ (First) _____ J _____ (Middle) _____ (Last)
b. Applicant's County of Residence: _____ Benton County
c. Felony Conviction: _____ Robbery (Assault Unarmed)
d. Month/Day/Year of Conviction: _____ 11/06/1974 _____ TOMIS ID: (if applicable) _____
e. Date of Birth: _____ f. Soc. Sec. No.: _____

2. On the _____ 12 th _____ day of _____ February _____, 2011 _____ (check one)

- ☐ The above individual received a pardon which contained no special conditions pertaining to the right of suffrage. A copy of said pardon is attached hereto; or
☐ The maximum sentence imposed for such infamous crime has been served by the above individual; or
☒ The maximum sentence imposed for such infamous crime has expired; or
☐ The above individual has been granted final release from incarceration or supervision by the Board of Probation/Parole, the Department of Correction, or county correction authorities.

Signature: _____ Date: _____ Sep 26, 2012
Printed Name: _____ Angela Parker Willis, PPO II Title: _____ Probation Parole Officer II
Address: _____ 16245 Hwy. 22 N. Wildersville, TN. 38388 Phone Number: _____ (731)967-1454

3. I hereby certify that the following is true and correct:

(check one)

- ☐ The court did not order the above individual to pay any restitution as part of his or her sentence; or
☐ All of the restitution ordered by the court as a part of the sentence for the above individual has been paid.

Signature: _____ Date: _____
Printed Name: _____ Title: _____
Address: _____ Phone Number: _____

4. I hereby certify that the following is true and correct:

(check one)

- ☐ The court did not order the above individual to pay any court cost as part of his or her sentence; or
☐ All court cost assessed against the above individual has been paid; or
☐ The court has made a finding at an evidentiary hearing that the above individual is indigent at the time of application.

Signature: _____ Date: _____
Printed Name: _____ Title: _____
Address: _____ Phone Number: _____

Name: [REDACTED]	Number: [REDACTED]	Location: WHV	Mailed: 06/12/2009
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The Michigan Parole Board, having attained jurisdiction over the sentence of the above prisoner, having considered the facts and circumstances including the prisoner's mental and social attitude, and having exercised the discretion granted by the Legislature, says as follows:

☒ Reasonable assurance exists that the prisoner will not become a menace to society or to the public safety and pending investigation and approval of the proposed placement preliminarily acts as follows:

DECISION DATE: 06/05/2009	ACTION: Parole	TERM OF PAROLE: 18 Months	PROJECTED PAROLE DATE: 07/02/2009
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61

NFD

61

Regarding 30-day notice:

Inmate agreed with receiving 30 days notice

SPECIAL CONDITIONS IMPOSED IN ADDITION TO STANDARD RULES:

- 2.1 You must complete an outpatient or residential substance abuse or re-entry program when you are referred by the field agent.
- 4.5 You must not have verbal, written, electronic, or physical contact either directly or through another person and you must not be within 500 feet of their residence, school, or place of employment of:
Deborah Korte
- 4.16 You must obey all court orders.

REASONS IN SUPPORT OF PAROLE BOARD ACTION:

Crime & Criminal Behavior

The present offense is not sexually motivated

Regarding the crime, it is our belief:

Prisoner accepts responsibility

Tennessee Mail-In Application For Vo

You can use this form to:

- ☞ register to vote in Tennessee or to change your name and/or address.

To register to vote:

- ☞ you must be a U.S. citizen, AND
- ☞ you must be a resident of Tennessee, AND
- ☞ you must be at least 18 years old on/or before the next election, AND
- ☞ you must not have been convicted of a felony, or if you have, your voting rig
- ☞ If you register by mail, you must vote in person the first time yo

MAIL OR HAND DELIVER THIS FORM TO YOUR COUNTY EL

Go to: http://tnsos.org/elections/election_commissions.php to find your Cou

Instructions / checklist:

- ☐ Please PRINT with a blue or black **INK** pen (not felt tip).
- ☐ Provide the information in boxes 1-10 below, read and answer the VOTER DEC "X" in box 12.
- ☐ An application for voter registration must be postmarked or hand delivered to the office at least 30 days before an election.
- ☐ Voter registration records are public records, open to inspection by any citizen o numbers.
- ☐ To ensure a more confidential mailing process of this form, the applicant is registration application in an envelope addressed to the county election c

Names of persons selected for jury service in state court are not chosen from p

If you are qualified and the information on your form is complete, we will ad

We will then mail you a voter registration card. This card will tell you where

Federal or Tennessee State Government Issued Photo ID Is Required To

1 Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		FOR Mail Effe Dist
Will you be 18 years of age or older on or before Election Day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered "No" in response to either of the above, do not complete this form.		
2 LAST NAME	FIRST NAME	MIDDLE NAME
5 ADDRESS WHERE YOU LIVE (DO NOT GIVE A P.O. BOX) APT. # CITY COON		
6 ADDRESS WHERE YOU GET YOUR MAIL (IF DIFFERENT THAN ABOVE)		
8 DATE OF BIRTH	CITY AND STATE OF BIRTH	SOCIAL SECURITY # (required u urposes c void dupli
10 NAME AND ADDRESS ON LAST VOTER REGISTRATION		
NAME ADDRESS		
COUNTY		
11 VOTER DECLARATION: I, being duly sworn on oath (or		12 WARNING: Giving false info

Offense: ~~Unarmed Robbery~~
Term:
Institution: WHV

Recommended Program: AOP

Interview Date: 02/12/2009

Program History: No

Specific Reason(s) for Nonadmission: (All reasons need to be explained in explanation section)

Prisoner was returned to prison after she escaped 33 years ago. Since then she has lived in another state. She is well past what her minimum would have been. She has not been sentenced on the escape charge.

Reassessment Opportunity: Prisoners who are not admitted to this program when first assessed may be reassessed, but only upon direct request in writing by the prisoner.

Prisoner needs to be reassessed at a later time if she is given a new sentence and stays in prison. It is not felt to be appropriate to enter her into AOP after 33 years of an uneventful life.

Explanation of Reasons for Nonadmission: See above

Distribution: Parole Board, Prisoner

NAME: [REDACTED]
NUMBER: [REDACTED]
D.O.B: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS
PAROLE BOARD ORDER FOR PAROLE

CB-661

CAT 03/09
PAGE 01
4835-1120

The Parole Board hereby orders the parole of the person named below in accordance with the particulars appearing on the face of this certificate and the conditions stated on the reverse side.

NAME	NUMBER	INST	PAROLE DATE	TERM	EXPIRATION DATE
[REDACTED]	[REDACTED]	WHV	08/12/2005	18M	02/12/2011
RESIDE WITH	SKYE				38320
REPORT TO	OFFICER ANGELA PARKER WIL				
SOCIAL SECURITY NUMBER	DATE OF BIRTH	FBI NUMBER	SD NUMBER		
[REDACTED]	[REDACTED]	[REDACTED]	9TN 0000		
EYES	BUILD	COMPLEXION	MARKS AND SCARS	RACE	HEIGHT
GRN	THN	MED		W	5' 2"
WEIGHT	130				
GY	ND				

TELEPHONE THE PAROLE OFFICE UPON ARRIVAL

PURSUANT TO MCL 791.236A AS AMENDED BY PUBLIC ACT 184 OF 1993, YOU MUST PAY A SUPERVISION FEE OF \$ 720.00. THE FEE IS PAYABLE WHEN THE PAROLE ORDER IS ENTERED, BUT THE FEE MAY BE PAID IN MONTHLY INSTALLMENTS TO BE DETERMINED BY THE FIELD AGENT. YOU WILL NOT BE REQUIRED TO PAY A SUPERVISION FEE TO MICHIGAN WHEN YOU ARE BEING SUPERVISED IN ANOTHER STATE UNDER THE PROVISIONS OF THE INTERSTATE PROBATION AND PAROLE COMPACT, PURSUANT TO MCL 798.103.

SPECIAL CONDITIONS

2.0 YOU MUST NOT USE OR POSSESS ALCOHOLIC BEVERAGES OR OTHER INTOXICANTS. YOU MUST NOT ENTER BARS OR OTHER PLACES WHERE THE PRIMARY PURPOSE IS TO SERVE ALCOHOLIC BEVERAGES FOR DRINKING ON SITE, UNLESS THE FIELD AGENT HAS FIRST GIVEN YOU WRITTEN PERMISSION FOR YOUR EMPLOYMENT AT A SPECIFIC LOCATION.

2.1 YOU MUST COMPLETE AN OUTPATIENT OR RESIDENTIAL SUBSTANCE ABUSE OR RE-ENTRY PROGRAM WHEN YOU ARE REFERRED BY THE FIELD AGENT.

4.16 YOU MUST OBEY ALL COURT ORDERS.

4.5 YOU MUST NOT HAVE VERBAL, WRITTEN, ELECTRONIC OR PHYSICAL CONTACT WITH DEBORAH KORTE EITHER DIRECTLY OR THROUGH ANOTHER PERSON AND YOU MUST NOT BE WITHIN 500 FEET OF THEIR RESIDENCE, SCHOOL, OR PLACE OF EMPLOYMENT.

CONTINUED ON NEW PAGE.

ATTEN

DATE
08/08/09

MICHIGAN PAROLE BOARD
Barbara S. [Signature]

NOTE: Parole Violation(s) may result in the loss of good time or disciplinary credit

DISTRIBUTION: White - Parole; White - Field Operations Central Office; White - Parole Agent

Case 3:20-cv-01039 Document 185-1 Filed 10/10/23 Page 7 of 10 PageID #: 3001

PAGE 05/01

ELECTION COMMISSION

09/09/2009

10:31 09/28/2012

Name: [REDACTED]	Number: [REDACTED]	Location: WHV	Mailed: 06/12/2009
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The Michigan Parole Board, having attained jurisdiction over the sentence of the above prisoner, having considered the facts and circumstances including the prisoner's mental and social attitude, and having exercised the discretion granted by the Legislature, says as follows:

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Deborah Korte
- 4.16 You must obey all court orders.

REASONS IN SUPPORT OF PAROLE BOARD ACTION:

Crime & Criminal Behavior

The present offense is not sexually motivated

Regarding the crime, it is our belief:

Prisoner accepts responsibility

MICHIGAN DEPARTMENT OF CORRECTIONS
PAROLE ELIGIBILITY / LIFER REVIEW REPORT

CSJ-123

7/08

NUMBER [REDACTED]	NAME (Last) [REDACTED]	(First) [REDACTED]	(M.I.) [REDACTED]	DATE OF BIRTH [REDACTED]	LOCATION WHV [REDACTED]
ASSAULT RISK VL	PROPERTY RISK M	PED (PA 670 Cases) None	PMI / SGT Min. 08/06/1975	PMX / SGT Max. 08/16/2016	CALENDAR Min. [REDACTED]
DATE OF REPORT 05/15/2009		REPORT PREPARED BY DANA L. TAYLOR		TITLE Assistant Resident Unit Supervisor	

☒ Parole Eligibility Report ☐ Lifer Review Report

Date of most recent security classification 11/19/2008

Security Class Screen is Current and Accurate ☐ Yes

ACTIVE OFFENSE(S)

Prefix	Term	Offense	Date	Accumulated Disciplinary Time
A	1y - 15y	750.88 Asslt Rob Unar	08-01-08	0

Was the prisoner under sentence or criminal justice supervision at the time of the offense for any of the active sentences?

If "Yes", provide summary of date and type of supervision: **State Prisoner**

☒ Yes ☐ No

PRIOR CRIMINAL RECORD

Adult History: ☒ Number of Felony Convictions [1]

Number of Misdemeanor Convictions [1]

Juvenile History: No

Prior Conviction Categories:

(Check all that apply Juvenile/ Adult)

☒ Assaultive

☐ Sex Offense

☐ Property

☐ Drugs/Alcohol

☐ Weapons

☒ Other

INSTITUTIONAL ADJUSTMENT

Number of major misconducts for active sentence(s) 1 Number of major misconducts since last PER was prepared 0

Disposition of major misconducts since last PER was prepared: ☒ LOP ☐ Top Lock ☐ Restitution ☐ Extra Duty ☐ Detention

Security reclassification in the past five years at a MDOC facility.

Date	Level	Date	Level	Date	Level
11/19/2008	I	10/03/2008	II	09/12/2008	II

Brief description of the prisoner's institutional adjustment for the active sentence(s), including reclasses to administrative segregation.

PROGRAMMING

Education: Reception Facility Recommendation:

☐ GED

☐ Remedial

☐ Other

☐ None

GED / ABE Involvement ☐ Yes ☒ No

☒ Has verified GED or High School Diploma

☐ Completed some College

GED Exemption Authorized

☐ Yes

☒ No

Estimated GED Completion Date

Comments: **Verified**

Work Assignment: Reception Facility Recommended

☒ Yes

☐ No

Current Assignment: **Unit Porter**

☒ Involvement Adequate

☐ Involvement Poor

☐ Delayed for School

Comments: **Assigned as of 03-26-09**

Vocational Counseling & Trades Programs: Reception Facility Recommended

☐ Yes

☒ No

Name of Program: **None**

☐ Enrolled

☐ Waiting List

Date Completed

Comments:

Substance Abuse Program: Reception Facility Recommended

☐ Yes

☒ No

Name of Program: **None**

☐ Enrolled

☐ Waiting List

Date Completed

Comments: **Sassi 1**

Psychological Counseling: Reception Facility Referral:

☐ Yes

☒ No

Screening/Assessment Date: **09/02/2008**

AOT: Date Completed:

☐ N/A

SOT: Date Completed:

☐ N/A

☐ Enrolled

☐ Waiting List

☐ Does Not Meet Criteria

☐ Enrolled

☐ Waiting List

☐ Does Not Meet Criteria

#136000 - Hatcher, Rebecca

Original - Court

Copies: 1st - Probation2nd - Defendant3rd - Financial Services

**STATE OF MICHIGAN
THIRD JUDICIAL CIRCUIT
WAYNE COUNTY**

**ORDER OF PROBATION
(Felony)**

CASE NO.

ORI 82-1095J

Court address - 1441 St Antoine, Detroit, MI 48226

Court Telephone No.

THE PEOPLE OF THE STATE OF MICHIGAN

Probation Officer

Term

Defendant's Name, Address, and Telephone No. alias

CONVICTED OFFENSE

☐ Judgement of guilt is deferred under:

- ☐ MCL 333.7411; MSA 14.15(7411), Controlled Substance Act
☐ MCL 750.350a; MSA 25.582(1), Parental Kidnapping Act

- ☐ MCL 762.11; MSA 28.853, Youthful Trainee Status
☐ MCL 769.4a; MSA 28.1076(1) Spousal Abuse Act

IT IS ORDERED that the defendant be placed on probation under the supervision of the above named probation officer for the term indicated, and that the defendant shall:

- ✓ 1. Not violate any criminal law of any unit of government.
 ✓ 2. Not leave the state without the consent of this court.
 ✓ 3. Make a truthful report to the probation officer monthly, or as often as the probation officer may require, either in person or in writing as required by the probation officer.
 ✓ 4. Notify the probation officer immediately of any change of address or employment status. Defendant shall not change residence out prior permission of assigned probation agent.

5A. Pay the following to the court:

Crime Victim Assessment fee (MCL 780.905) Felony/Misdemeanor... \$60.00/\$50.00
 Fine \$
 Costs per year \$
 Restitution \$
 Attorney fees \$
 State Minimum Costs -
 Felony \$60.00/Serious, Specified Misd \$45.00/Simple Misd \$40.00...\$
 (per convicted count, not per case) MCL 769.1j

Total\$

5B. ☐ Total amount due as shown in 5A, shall be paid in installments of \$_____ per _____ starting on _____ and shall be paid in full

By the due date on the judgement of sentence unless otherwise ordered. Fines, costs, and fees not paid within 56 days of the date owed are subject to a 20% late penalty on the amount owed. If a cash bond/bail was personally posted by the defendant, payment toward the total is to first be collected out of that bond/bail and allocated as specified under MCL 775.22.

- 5C. ☒ Perform _____ hours of Community Service per week ☐ IN LIEU OF: ☐ Costs ☒ Attorney fees IF unable to pay
 6. Pay a supervision fee to the Department of Corrections in the amount of \$_____. The fee is payable immediately and applies to all delayed sentences. A supervision fee may not be ordered or collected for defendants whose judgement of guilt has been deferred under MCL 750.350a.
☐ Total amount due may be paid in installments of \$_____ per _____ starting on _____ payable to the State of Michigan.
 7. ☐ Serve _____ of the probation period in ☐ WCJ ☐ HWH ☐ SAI (Boot Camp) ☐ Tether [] Days credit
 8. ☐ Enrollment/continue educational/vocational training. ☐ obtain GED
 9. ☐ Seek and maintain employment ☐ full time ☐ part time
 10. ☐ Undergo periodic urinalysis upon request of the probation officer. ☐ Non prescribed drugs of alcohol
 11. ☐ Participate in psychological evaluation and, if indicated treatment as directed by probation officer.
 12. ☐ Undergo substance abuse counseling and treatment until medically released. ☐ In-Patient ☐ Out-Patient
 13. ☐ Alcoholics Anonymous/Narcotics Anonymous treatment. ☐ 90 meetings for 90 days; then 5 meetings each week for one year, then 4 meetings each week thereafter and show proof of attendance to probation agent on demand.
 14. ☐ Participate in counseling required by MCL 333.5129(3) HIV
 15. Probation Violation ☐ all previous conditions remain in effect ☐ added costs for violation \$_____
 16. ☐ Other _____

Failure to comply with this order may result in a revocation of probation and incarceration.

Date

Judge

Bar No.

I have read or heard the above order of probation and have received a copy. I understand and agree to comply with this order.

Date

Defendant Signature

If the judgement of guilt is deferred as stated above, the clerk of the court shall send a photo copy of this order to the Michigan State Police Central Records Division to create a criminal history record as required under MCL 770.16a, MCL 600.4803, MCL 769.1a; MSA 28.1073, MCL 771.1 et seq., MCL 775.22; MSA 28.1259, MCL 780.826; MCL 905; MSA 28.1287 (826), MCL 3.445